

DOCUMENT RESUME

ED 329 046

EC 300 038

AUTHOR Stone, James A.
TITLE Available Community Living Options for Older Persons with Mental Retardation and/or Developmental Disabilities in the United States.
SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE May 90
CONTRACT H-133B-80050
NOTE 21p.; Paper presented at the Annual Meeting of the American Association on Mental Retardation (Atlanta, GA, May 27-31, 1990).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Agency Cooperation; Community Programs; Delivery Systems; *Developmental Disabilities; Federal Aid; Financial Support; *Independent Living; *Mental Retardation; National Surveys; Older Adults; Placement; *Place of Residence; Residential Programs; State Aid; *State Programs

ABSTRACT

A national survey gathered information from 47 states concerning small-scale community living options of 15 or fewer placements for older individuals with mental retardation or developmental disabilities. The survey collected data on long-term funding, support services, mandates and regulations, efforts of interagency task force planning, and numbers of older persons served by the state mental retardation/developmental disability service system. The survey found that: (1) there is a trend for state agencies to use state funding over federal funding to support community living options; (2) 13 states reported interagency task force activities; (3) state agency resources supporting community living options in three-person or smaller settings are available for 25.3% of the population; and (4) some older persons were living independently, semi-independently, in their own homes with agency support, in supervised apartment settings, or in shared homes or apartments. Priority areas and budget line items for several individual states are noted. (Six references) (JDD)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

**AVAILABLE COMMUNITY LIVING OPTIONS FOR OLDER
PERSONS WITH MENTAL RETARDATION and/or
DEVELOPMENTAL DISABILITIES in the UNITED STATES.**

Presentation To

The American Association on Mental Retardation

May, 1990

Atlanta Georgia

By

James A. Stone, M.S. FAAMR

**University Affiliated Program in Developmental Disabilities
Interdisciplinary Human Development Institute
Consortium on Aging and Developmental Disabilities**

M.C. Martinson, Ph.D. Principal Investigator

**University of Kentucky
Lexington, Kentucky**

The funding for the research and development of this working paper is provided by the
U.S. Department of Education, Office for Special Education, National Institute of
Disability, Rehabilitation and Research (Grant # H 133B 80050).

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

James A. Stone

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

Abstract

Over the last decade, the United States has moved toward smaller residential options for people with mental retardation and / or developmental disabilities. Very little information has been available on the older population and the residential options available to them. This presentation shares the national survey information gathered as of 4/19/90 on the fifty states and the District of Columbia on small-scale community living options of 15 or fewer placements. More than 19,500 older people have been identified by the state agencies on mental retardation and/or developmental disabilities living in the community.

Available Community Living Options for Older Persons with Mental Retardation and/or Developmental Disabilities in the United States.

The Interdisciplinary Human Development Institute cooperates with the Universities of Cincinnati, Akron, Minnesota, Wisconsin, Illinois-Chicago, and Indiana University in a consortium effort as the Research and Rehabilitation Training Center on Aging and Developmental Disabilities. The Consortium is funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The purposes of the IHDI's component are to design, develop and field review interagency models for long-term fiscal support of small-scale community living options for older persons with developmental disabilities, and to make projections for training and technical assistance. The IHDI Consortium component is based on five (5) goals:

- 1) Develop a value-based planning process to ensure consideration of criteria for quality of life based on maximum continuing personal life choices and social integration for older persons with developmental disabilities.
- 2) Improve fiscal efficiency of programs via interagency funding models that support small-scale community living options for older persons with developmental disabilities.
- 3) Identify effective small-scale community living options that respond to individual need, personal choice and community integration for older persons with developmental disabilities.
- 4) Develop and disseminate a resource document on interagency planning model (s) that integrates value-based planning processes; effective options for small-scale community living, and fiscally efficient long-term funding to support small-scale community living options for older persons with developmental disabilities.
- 5) Design and develop training materials and technical assistance procedures for interagency planning for long-term funding to support small-scale community living options for older persons with developmental disabilities.

The IHDI component of the Consortium on Aging and Developmental Disabilities works with a Kentucky advisory group, Consortium Advisory Council, National Dissemination Advisory Group, professional organizations, parent and individual advisory groups for input and review of project efforts and activities. This combination of state, regional, and national resources and expertise provides support for all phases of the project development. The consideration of the values and life choice preferences of older persons with developmental disabilities and their families is a fundamental priority.

TRENDS

The older person with developmental disabilities is a survivor who has outlived the experience of the professional mr/dd service system. Recent studies and reports on residential trends and fiscal expenditures (Anderson, et. al, 1987, Braddock, et. al, 1988) indicate state mr/dd agencies are accessing smaller community living options for the population with mental retardation and developmental disabilities. The last decade of funding allocations illustrates the increases of funding of community based services over large congregate settings. Just in the past five years has attention been given to the needs of the older person with developmental disabilities (ages 60 and

above for this study) and the availability of programs and services that are age appropriate (Janicki, et.al, 1985, Krauss and Seltzer, 1988, Cotten and Spirrisson, 1986). The policy changes of federal legislation in the 100th. Congress provided new opportunities for older Americans with developmental disabilities. The Developmental Disabilities Act Amendments (P.L. 100-146) allowed new priorities for the older person with developmental disabilities. The Older Americans Act Amendments (P.L. 100-175) contained a new definition of disability which was identical to the definition in P.L. 100-146 except for the words "must have occurred before the age of 22." These policy changes and developing trends, create a need to answer the questions: "who are these older persons with developmental disabilities and where do they live?"

A previous report by the University of Minnesota, "Persons with Mental Retardation in State-Operated Residential Facilities" (1987) provides information on the number of older persons with mental retardation (those age 55+) living in large congregate facilities of more than 16 beds. The older population is 12.2% of the total 94,942 or 11,583 older persons reported living in large facilities. The information in this working paper provides information on the older population with developmental disabilities living in fifteen bed or smaller community living options.

Gettings (1989) outlined several major policy goals for older persons with developmental disabilities. These four goals include:

- (1) commitment to the home and community as the place to live,
- (2) raising the support level under Supplemental Security Income (SSI),
- (3) providing affordable and decent housing for every American, and
- (4) assuring civil rights.

These policy goals are compatible with the efforts of the research project and the national survey. The data have been analyzed and provide information on the status of these goals.

SURVEY METHODOLOGY

The Interdisciplinary Human Development Institute's Consortium on Aging and Developmental Disabilities research component developed a survey instrument to gather information on three levels of long-term funding, community living options, support services, mandates and regulations, efforts of interagency task force planning, and numbers of older persons served by the state mr/dd agency service system. The survey questions were reviewed by the University of Kentucky Survey Research Center, the University of Minnesota and the University of Illinois-Chicago's University Affiliated Programs. The questions were directed to the state agencies for mental retardation and developmental disabilities with a major focus of smaller community living options. Those options of fifteen beds or smaller. The University of Minnesota has previously reported the numbers of older persons (age 55+) in the large congregate facilities as 11,583. A twelve state sample survey was conducted from April through June of 1989. The survey was expanded in July of 1989 to include all fifty states and the District of Columbia. The usual follow-up procedures to assist the state agencies to complete the surveys included a second mailing to those states that had not returned the surveys before September 15, 1989, and telephone calls to those states that were non-responsive to the mailings.

Community Living Options Survey Definitions

The older person with developmental disabilities is an individual who has obtained the chronological age of sixty.

ICF/MR- The ICF/MR program is an optional service under the Medicaid program. It is now available in all states and the District of Columbia. For this survey, ICF/MR was for those facilities with fifteen or less beds.

Group Home- A residence with staff that provide care, supervision, and training for one to eight non-related people with developmental disabilities.

Supervised Apartment/Home- A residence consisting of semi-independent units or apartments with staff living in a separate unit in the same location. The participants may live alone or with roommates.

Adult Foster Care- A house or apartment owned or rented by a family with one to three persons with developmental disabilities living as surrogate family members.

Section 8- A HUD voucher program that provides payments for rental property that is negotiated between the low income tenant and the landlord. The rents may exceed the official fair market value with the tenant paying the difference.

Section 202- A HUD program for elderly and disabled individuals that is open only to non-profit agencies possessing tax exempt status from the IRS. The amount of rent can not exceed 30% of the tenants' income. Section 8 vouchers are automatically supplied to the Section 202 program by HUD.

Demonstration Housing- A program funded by the Administration on Aging to develop residential options for the aging population. These examples include accessory apartments elderly congregate care, and echo housing.

Independent Living- The individual lives without residential support or supervision.

Semi-Independent Living- The individual is in a residential setting with varying levels of assistance and supervision.

Personal Care Home- A residence where the staff provide assist with dressing, bathing, or other personal care but no formal training is provided for the participants. The bed capacity is determined by state regulations.

Board & Care Home- A residence that provides sleeping rooms, all meals and regular care or supervision of the residents. The level of assistance is less than that in skilled nursing care or in the ICF/MR options.

Own Home- The individuals live in their home or that of their family or relatives.

Shared Home/Apartment- The individual shares a house or apartment with one or more non-related people.

Other Living Options- This options includes nursing homes and any other options which are not covered under the definitions.

NATIONAL SURVEY CUMULATIVE TOTALS

The questionnaire has been returned by 47 states (94%). Analysis of the information and data provided the following:

* There is a current trend for state mental retardation / developmental disability agencies to use state funding over federal funding streams to support community living option for the older person with developmental disabilities. The states reported 13,064 older persons in community living options supported by state funds and 5,406 older persons in community living options supported by federal funds. This is a 2.4:1 ratio of state funded community living options to federal funding of community living options.

* Support services are predominantly the services offered to the adult population with access to generic aging services if networking and linking efforts have been

accomplished with the state unit on aging. Otherwise, the services available are the same adult services offered to individuals after the educational service period.

* Alabama, Connecticut, Colorado, Nebraska and Wyoming reported information or knowledge of local funding or programs for the older person with developmental disabilities.

* Florida, Massachusetts, and North Dakota reported state regulations, statutes, or mandates for specific services or programs for older persons with developmental disabilities.

* Massachusetts was the only state to report local regulations, statutes, or mandates to provide services or programs to older persons with developmental disabilities.

* Thirteen states reported interagency task force activities: Arizona, Connecticut, Delaware, Illinois, Massachusetts, Maryland, Mississippi, New York, North Carolina, Ohio, Rhode Island, Virginia, and Washington.

Federal Funding Streams

Federal Funded Options

Option	%	N
ICF/MR	52.0%	2769
Adult Foster Care	22.5%	1189

ICF/MR funding through the Medicaid program is the federal source most identified by the states for older persons with developmental disabilities. Fifty-two percent (2769) of the older persons reported lived in ICF/MR options. The next most used option is foster care with 22.5% (1189).

State Funding of Community Living Options

The following options are in the order of most accessed to the least used:

Option	%	N
Board and Care	27.0%	3522
Other	19.0%	2480
Group Homes	14.4%	1867
Personal Care Homes	14.3%	1854
Adult Foster Care	10.6%	1380
Own Home	4.8%	619
Semi-Independent Living	4.3%	564

Shared Home or Apartment	3.3%	426
Independent Living	2.3%	295

The most flexible community living options: independent living, semi-independent living, living in their own homes, supervised apartment living, and shared apartments or homes when reported reflected the newest options. Eleven point four (11.4) percent or 2077 older persons were known to be living in the small-scale community living option by the state agencies.

Combining the living options available in the community without controlling for the funding source shows Board and Care as the most frequent living option used for older persons with developmental disabilities, 19.3%. The group home option is used by 15.7% of the older persons. ICF/MR of 15 or fewer beds was reported as serving 15.1% of the older persons. Adult Foster Care is the community option reported for 14.0% of the older persons. Nursing home or other resource was reported for 13.6% of the older persons in the community. Personal care was the community living option reported for 10.2% of the older persons. These same options change when the funding source is discrete. Board and Care and Other account for 46.2% of the state funded options. The ICF/MR option accounts for 52.4% of the reported federal funded living options for older persons with developmental disabilities.

Focusing on the small-scale community living options of three or less people, the last four options combined make up 25.3% of the total reported residential choices available for the older population with developmental disabilities in 1989. The two national surveys, the 1987 survey by the University of Minnesota for facilities of 16+ beds and this survey focusing on 15 or less beds provides information on the living options of approximately 30,870 older persons with mental retardation and/or developmental disabilities supported by government agency funding. The trend to move toward small-scale community living options is viable for the older person with developmental disabilities as illustrated with the totals reported to the Interdisciplinary Human Development Institute by the state agencies.

Ten states reported older persons living independently, twenty states reported older persons living semi-independently, thirteen states reported older persons living in their own homes with agency support, eight states reported older persons living in supervised apartment settings, and seven states reported older persons living in shared homes or apartments. The identification of states in the small scale options breakout as follows:

Independent living options:

Arizona, California, Connecticut, Louisiana, Massachusetts, Maryland, North Dakota, Nebraska, South Carolina, Washington.

Semi-Independent living options:

Alabama, Arizona, California, District of Columbia, Delaware, Illinois, Louisiana, Maryland, Minnesota, Michigan, North Dakota, Nebraska, New Mexico, New York, Ohio, South Carolina, South Dakota, Tennessee, Virginia, Washington.

Living In Own home:

Arizona, District of Columbia, Delaware, Florida, Kentucky, Massachusetts, Maryland, North Dakota, Nebraska, Ohio, South Carolina, Texas, Washington.

Supervised Apartments:

Arizona, Maryland, Mississippi, North Dakota, New York, Ohio, Rhode Island, South Dakota.

Shared Home or Apartment:

Alabama, California, Illinois, Louisiana, Maryland, Mississippi, Washington.

Combining the living options available in the community without controlling for the funding source shows Board and Care as the most frequent living option used for older persons with developmental disabilities, 3522 (19.3%). The group home option is used by 2885 older persons (15.7%). ICF/MR of 15 or fewer beds was reported as serving 2794 older persons (15.1%). Adult Foster Care is the community option reported for 2569 older persons (14.0%). Nursing home or other resource was reported for 2517 older persons (13.6%) in the community. Personal care was the community living option reported for 1864 older persons (10.2%). These same options change when the funding source is discrete. Board and Care and Other account for 46.2% of the state funded options. The ICF/MR option accounts for 52.4% of the reported federal funded living options for older persons with developmental disabilities. The state agencies did not report any use or access of the Farm/Home Act (FHA) Section 515 funding or the Area on Aging (AOA) demonstration housing funds for community options for older persons with developmental disabilities.

Alabama, Florida, North Dakota, Oklahoma, Rhode Island, and South Carolina were able to report the number of persons that were using Title IV Sections 7, 8 or 202 funds. Title IV funding was used by 299 older persons or 5.6% of all federal funding of community living options. No state reported the use of Title IV Section 515 or Supportive Housing Demonstration funds.

Focusing on the small-scale community living options of three or less people, the last five options combined make up 25.3% (3294/13064) of the total reported residential choices available for the older population with developmental disabilities in 1989. Please refer to Appendix A,

Tables 1-4 for graphic presentations of the community living options reported by type and funding stream.

State Budgets

The fiscal component of the research has been conducted by sharing information with the University of Illinois-Chicago, the national survey instrument, and by accessing the current state budgets of the fifty states and Washington, D.C. located in the library of the Council of State Governments. State budget information has been shared between the University of Illinois-Chicago and the University of Kentucky for the fiscal years of 1987-88, 1988-89 and 1989-90. The University of Illinois-Chicago University Affiliated Program on Developmental Disabilities recent study of states' expenditures indicated eleven states had aging initiatives that had achieved budgeted status in the annual agency budget. These include: Alabama, Connecticut, Kentucky, Maryland, Michigan, Mississippi, Montana, North Dakota, Ohio, Pennsylvania, and Washington. A three day on-site review of the current year state budgets 1989-90 located at the Council of State Governments library indicated a change in the information previously reported. Only eight states: California, Connecticut, Delaware, Florida, New Jersey, New York, Ohio, and Virginia have line item reference to the older population with mental retardation and/or developmental disabilities in their current state budgets. Previously, Pennsylvania linked older persons with mental retardation special services with proceeds from the state lottery in 1986-87; however, this funding source was not available in the current state budget. Kentucky did not have a line item in it's budget for older persons with developmental disabilities in the current fiscal year. The discrepancies may lie in the absence of a direct survey questionnaire to the state agencies where this information was previously reported.

State Programs Reflecting State Budget Line Items

California is providing a major effort to link the aging network services within the Departments of Aging and Developmental Disabilities to implement 16 Alzheimer Day Care Resource Centers and long term care programs with in the 33 Areas on Aging with 22 Home and Community Waiver sites through the state.

Connecticut has \$4.6 million in the 1989 budget to provide non-vocational programs outside the residence for socialization, recreation and leisure opportunities for older persons with developmental disabilities.

Delaware addresses the need for serving the older population 60+ with homemaker and adult foster care and for elderly housing. The budget

reports a need of \$179.3 million to provide these services to the state's older population.

Florida has allocated \$647,419 for 35 staff positions for special treatment programs to serve the needs of the older population with developmental disabilities in institutions. New Jersey's budget calls for \$60,280 for serving 18 geriatric patients at the Greenbrook facility.

New Jersey has allocated \$60,280 for geriatric services to 119 older persons in Greenbrook and 60 older persons in New Lisbon. Both are residential facilities.

New York addresses the Senior Companion program for access to the community's activities in the state budget.

Ohio has information in the budget on the Passport Program for older persons with mental retardation and/or developmental disabilities as an alternative to institutional services.

Virginia refers to 95 geriatric beds at the Southwest State Hospital with three levels of care.

In summary of the fiscal data, it is clear the states have not addressed the growing needs of the older person with developmental disabilities by planning, budgeting and implementing programs and services that are specific to the older population except in those cases above. Less than 25% of the states have specific funding sources established as of December of 1989.

Supplemental Data

Additional data sources and information has been gathered to complete the analysis of living options for older person with developmental disabilities.

Supplemental data for community living options has been provided by fifteen State Developmental Planning Councils. The Kentucky Developmental Disability Planning Council shared the responses of the respondents to their inquiry of housing initiatives and/or priorities of their annual plans. Although none of the Developmental Disability Planning Councils reported specific housing projects for older persons, the activities reported could be accessed to provide options and choices.

Fourteen states have provided acknowledgement of the information request: Missouri, Indiana, Minnesota, Wisconsin, Massachusetts, Ohio, Alabama, Connecticut, Georgia, Florida, Arkansas, Virginia, California, & Oklahoma.

ALABAMA:

The Alabama DD Council has not asked for RFPs on housing in the past three years. The council has provided information on two group homes which are operating in Huntsville and Birmingham areas. One was developed by Volunteer of America funds and is operating on DD funds; it is anticipated

this will convert to an ICF/MR. The second home was built by the UCP of Greater Birmingham and also operating on DD funds. The council attached an outdated brochure.

ARKANSAS:

The Arkansas Council does not fund direct services but those which study and identify options for people with developmental disabilities. Included information on a project of a residential facility placing some of the residents in a small community setting and using those funds to support the project with staff and links with a community-based program. Included a draft of the recommendations to "build community by supporting the individuals and the families who are the foundation".

CALIFORNIA:

The DD Planning Council of California has funded a study on community residential needs and transportation options for people with developmental disabilities. This was started in April, 1988. The report is 149 pages with discussions on the current arrangements, needs, barriers, and issues. The recurrent theme is the individuality of the person and the need for progressive options that would be based in the "home" of the person, not the congregate group home or shared living arrangements greater than six participants. The actual data reported indicates the out of home placement for an adult with developmental disabilities is basic congregate care in a 24 hr. supervised environment with a large number of the medicaid funded ICF/DD Hs for 4-15 people.

CONNECTICUT:

The Connecticut DD Council has started a non-profit housing cooperative agency and plans to invest \$162,00 in the promotion of the development of housing cooperatives that include people with disabilities during 1988-1990. Plans are to invest \$25,000 a year beginning in 1990 with the Cooperative Fund of New England to make zero or no-interest loans or grants to individuals with developmental disabilities moving from congregate living facilities to independent living cooperatives.

FLORIDA:

The Florida DD Council has developed an RFP for educational materials and training for advocates and others. Developed a book on "Comprehensive Planning, Family Care Homes & Special Needs Populations" which was the primary results of the RFP. Recent legislation has made the book obsolete. Provided a memorandum for local government planners and a copy of the new Florida Law: specific for community residential homes licensed by the Department of Health and Rehabilitative Services. a living environment for seven to fourteen (7 to 14) unrelated residents who function as a family, homes of six or fewer residents which otherwise meet the definition of community residential home shall be deemed a single family unit.

GEORGIA:

The Georgia DD Council has chosen community living as a planning goal rather than a service priority. The council has actively pursued the McKinney Homeless Assistance Act, and jointly developed the Georgia Residential Finance Authority and Department of Human Resources (DHR) Residential Work Committee. The latter are major interdepartmental planning and program partnerships on residential housing and support services for people with disabilities in Georgia. Since 1988, the following has occurred:

- 1) \$150,000 has been allocated to existing residential service site to meet energy conservation needs.
- 2) Three permanent housing grants for \$980,000. (not DD)
- 3) \$198,000 for transitional housing from the McKinney Homeless Assistance Act.
- 4) The Department has joined in the development of a Group Home Ownership Program-A Community Provider Loaned Pool Concept using municipal bonds.
- 5) Residential support services has been selected as the #12 priority in state appropriations.
- 6) A newsletter "Community Exchange" first edition on housing and residential support for agencies and individuals interested in housing and support.

INDIANA:

Housing has not been a priority.

MASSACHUSETTS:

Note stating the Council has funded a housing resources project in 1986-87 and requested the Kentucky staff call for a copy of the resource document.

MINNESOTA:

Minnesota returned a number of resources that are generic and also specific to the state:

- 1) Summary of a Leadership Conference in D.C. November 1989;
- 2) A 3 page review of a homeownership effort in Massachusetts for ownership of duplexes by persons with mr/dd;
- 3) Handouts from the Creative Management Associates training workshop and a written review of this workshop by Tom Fields from the Minn. Div. of M.R. that was conducted in Iowa in 1986 (the efforts of creative financing has been ongoing for a while!);
- 4) A Guidebook to New Housing Options from the Minn. DMR which develops individualized needs, community based waiver and a sketchy overview of the housing programs in the state which provide funding i.e. Section 8,202 and the FHA programs;
- 5) Two major project papers from New Jersey for housing for person who are physically handicapped:
 - A. Report by the Taskforce (this was a one year effort)
 - B. Technical Assistance Guide to replicating the effort.

MISSOURI:

Sent a brochure on a housing conference the Council has supported in September 1989, presenter / participants included Derrick Dusfrense, Colleen Wieck, Alan Bergman and Gerald Provensal. The DD Council has an RFP for supported living/family support for 1990. Will fund one year projects for up to \$50,000.

OHIO:

The Council has funded two projects "Circle of Friends for Support" in 1987. One of these has spun out a housing association as of May 1989. The Perry Housing Association funded at \$11,333 has the following goals: (1) develop membership to make homeownership by persons with mr/dd possible; (2) self educate about credit unions and business incubators to form a corporation by the spring of 1990; and (3) support the building of relationship circles for men and women affiliated with Residential Inc. The state office of mr/dd has received budget funds for two projects associated with housing or in fact community living.

- 1) Supportive Living which has 18.9 million to provide 200 Ohioans with MR/DD to live and participate in the community. Services are individualized to the person allowing movement around the community and changes of service providers.
- 2) Three projects were started in 1987 as a Family Consortium Project, a family support system for persons with mr/dd, their family members or guardians for a consortium for managing a home with a maximum of 3 people living there. This consortium provides the oversight of the daily operations, hiring, training, and dismissal of the support staff and the funds are paid to the consortium by the state agency.

OKLAHOMA:

Oklahoma is under a court order to deinstitutionalize a 1,000 bed + facility-Hissom Memorial Center and has a massive "notice of available funds application" the project looks similar to the Kentucky New Neighbors of 1980-82. The application is one-inch thick with instructions and applications but no amount of funding is mentioned except for the \$5,000 for training of staff already written in the applications.

VIRGINIA:

Council submitted information on the Va. Housing Development Authority programs connected to the community independent living centers (7) and reference to the first computerized clearinghouse for people with disabilities. 322 people assisted in 1988. There is \$7.6 million available for joint programs with DMH/MR and SAS for 8% loans for the disabled population. However, the agency has 5% loans for single families and 4% loans for multi-family housing to non-profits! Regulation: VR 400-02-0013 effective Nov. 1, 1987 addresses funding of group homes with approval by the DMHMRSAS to be able to serve the occupying group. Evidently, the passage of these regulations has been satisfactory for the DD Council. Assistance and other information may be gotten by calling Meade Boswell/systems advocate for the VA. Dept. for Rights of the Disabled. 804-225-2042

WISCONSIN:

Provided information on a Housing Trust Fund which has just been created to provide housing grants and loans to low income households as of August 1989 this was funded by 5.5 million of state funds. A coalition effort was given credit for the results however, page 16 of the law addresses target groups needing long term services (LTS) and alludes to the Federal Fair Housing Act for the definition of the target groups.

On-Line Data Searches

Additional data searches for housing and community living information specific to the older person with developmental disabilities were conducted by computer during the first year of the research project to look for information which may exist but could be missed. The on-line data searches for information on aging and community living options were made through the following systems: ERIC, AGELINE, NASA-TAC, IQUEST, and the University of Kentucky LS2000 system.

During the first year of the research project, efforts were made to gather as much information as feasible on the subject of aging, housing, and disabilities. As the information was made available and the computer searches were completed, the information was narrowed to address aging/older persons with developmental disabilities and community living/ housing options.

The **ERIC Database** provided one hundred seventy nine entries but only references to aging and mental retardation /developmental disabilities which were already know. and available.

The **IQUEST Database** was accessed through the SCAN network. No new entries were provided that focused on the older person with developmental disabilities and community living options.

The **Agelline Database** identified six demonstration programs on services for older persons with mental retardation and/or developmental disabilities around the country. This information will be addressed in another working paper.

NASA / TAC at the University of Kentucky provided two on line searches on elderly housing and municipalities involvement in serving older persons with handicapping conditions. The information did not provide any specific programs or activities specific to the target population.

The **National Institute on Disability and Rehabilitation Research** did not provide additional information on the older population with developmental disabilities.

The **Community-Base Living Database** did not provide any additional information that was not already on-hand.

CONCLUSION

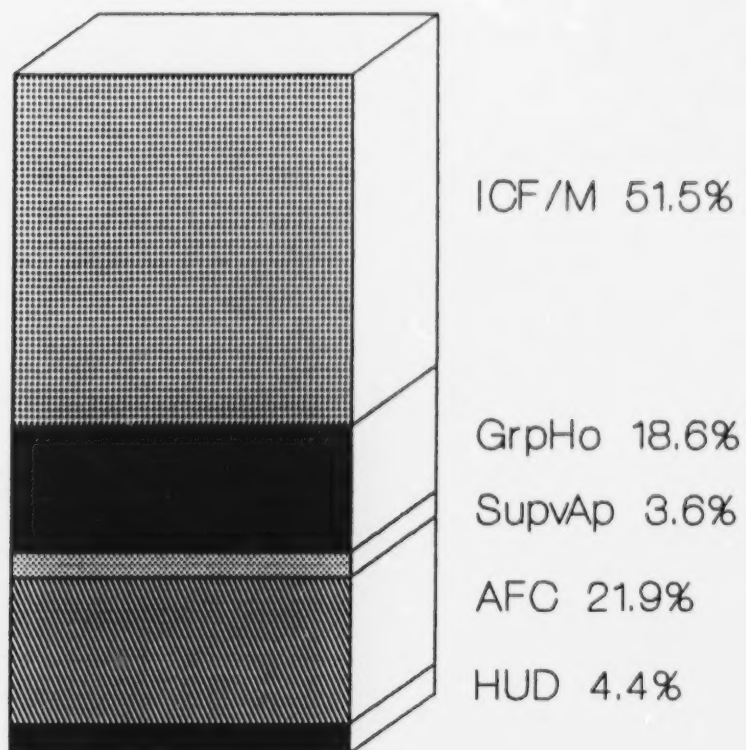
The early analysis of the data sources indicate a move toward smaller community living options for older persons with developmental disabilities. The state agency resources that support the small-scale community living options are reported to be available in three person or smaller settings for 25.3% of the known population. A combination of the totals from the 1987 University of Minnesota survey of large facilities and the totals of this project provide information on approximately 30,000 older persons with mental retardation and/or developmental disabilities in the United States. To provide the opportunity for older persons to be involved in the

decisions affecting their lives, it will be necessary for policy makers, planners and community program staff to understand the concepts of human value planning. The home of an individual is "their space " and the role of the state agency should be to enhance the opportunity to remain there as long as possible. The research effort of the Interdisciplinary Human Development Institute is focused on the small-scale community living options that are 3 persons or less in size. The person who wishes to live in the community setting should have the opportunity to choose those options that are what he or she prefers and desires. Two examples of Federal Legislation empowering civil rights to the population with disabilities include the Fair Housing Act of 1988 and the current Americans with Disabilities Act still pending in Congress. The older population with developmental disabilities has been underserved and ignored throughout their lives. The focus on this Consortium component is to provide models and examples to allow the older persons options and choices in their later life years that reflect dignity and quality of life. Continued research on the information provided from the national survey will provide additional strategies to develop interagency planning models to access long-term funding streams that support the family- sized small-scale community living options for older persons with developmental disabilities.

APPENDIX

Table One

Federal Funding

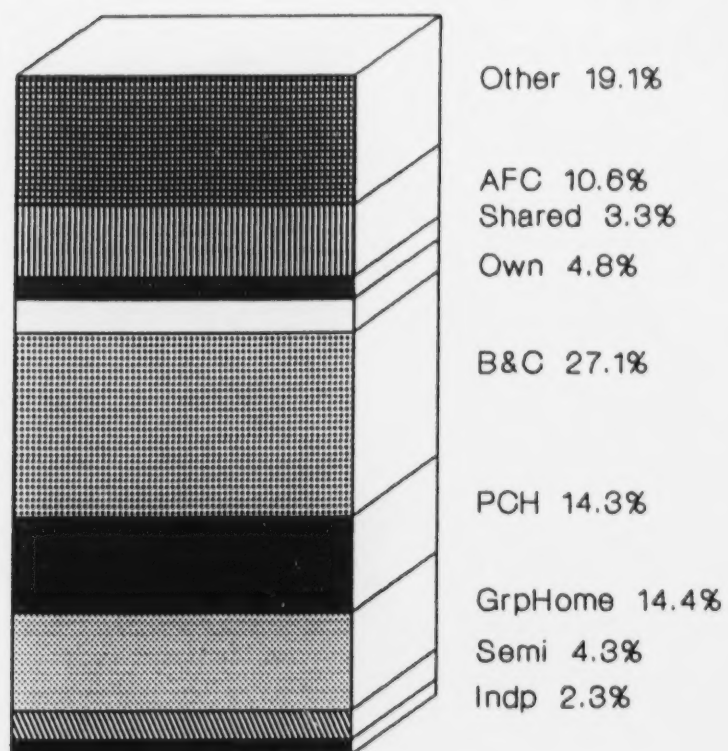


Community Living Options for

Older Persons Total Reported 5426

Table Two

State Funding

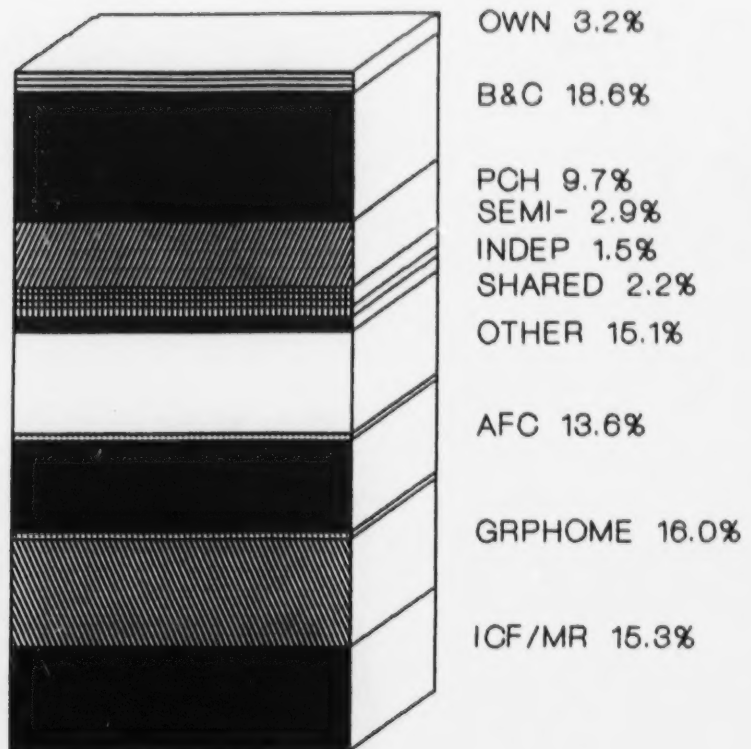


Community Living Options for

Older Persons Total Reported = 13004

Table Three

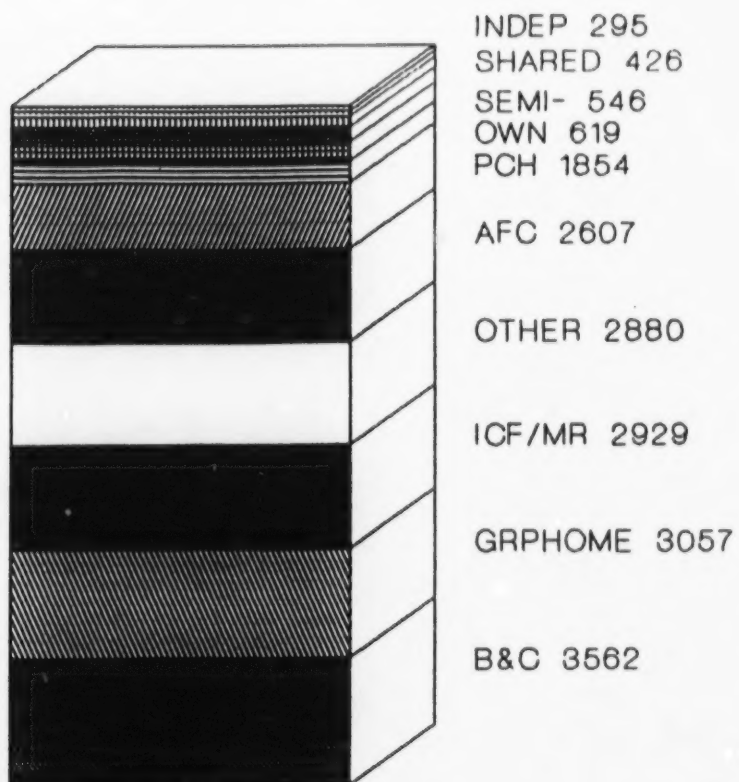
All Community Options



Combination of Federal & State Options
Total Reported = 19570

Table Four

All Community Options



Combination of Federal & State Options
Total Reported = 19570

REFERENCES

- Anderson, D.J., Lakin, K.C., Bruininks, R.H., & Hill, B.K. (1987). A national study of residential and support services for elderly persons with mental retardation. Minneapolis: University of Minnesota, Department of Educational Psychology.
- Braddock, D., Hemp, R., Fujiura, G., Bachelder, L., & Mitchell, D. (1989) Public expenditures for mental retardation and developmental disabilities in the united states: state profiles. (Working paper, 3rd. ed.). Chicago: University Affiliated Program in Developmental Disabilities, University of Illinois-Chicago.
- Cotten, P.D. & Spirrisson, C.L., (1986). The elderly mentally retarded (developmentally disabled) population: A challenge for the service delivery system. In S.J. Brody & G.E. Ruff, (Eds.). *Aging and rehabilitation: Advances in the state of art*. New York: Springer.
- Gettings, R., (1989) Barriers to and opportunities for cooperation between the aging and developmental disabilities service delivery systems. Aging and Lifelong Disabilities. pp 27-30.
- Janicki M. & Wisniewski, H., (Eds.), (1986), *Aging and developmental disabilities: Issues and approaches*. Baltimore, MD: Brookes.
- Seltzer, M.M., & Krauss, M.W. (1988). Planning for the future: meeting the needs of elderly developmentally disabled persons. Boston University School of Social Work.